

**VICTIM COMPENSATION PROGRAM
MATERIAL REQUEST FORM**

Send Completed Form To:

**VICTIM COMPENSATION &
GOVERNMENT CLAIMS BOARD**
MAIL/SUPPORT UNIT
P.O. Box 48
SACRAMENTO, CA 95812-0048

(Please Type or Print Clearly)

ORGANIZATION NAME		DATE
MAILING ADDRESS	REQUESTED BY	
CITY	STATE	ZIP CODE
TELEPHONE NUMBER (INCLUDING AREA CODE)	FAX NUMBER (INCLUDING AREA CODE)	

MATERIALS REQUESTED

TITLE	QUANTITY	
VICTIM COMPENSATION PROGRAM INFORMATION		
APPLICATION FOR VICTIM COMPENSATION (WITH BUSINESS REPLY)	ENGLISH	SPANISH
APPLICATION FOR VICTIM COMPENSATION (WITHOUT BUSINESS REPLY)	ENGLISH	SPANISH
FAMILY MEMBER OR DEPENDENT VICTIM APPLICATION FOR VICTIM COMPENSATION ONLY IN ENGLISH	ENGLISH	
GENERAL INFORMATION VICTIM COMPENSATION PROGRAM BROCHURE	ENGLISH	SPANISH
LAW ENFORCEMENT AID TO GIVE TO VICTIMS BILINGUAL	BILINGUAL	
VCP POSTER	ENGLISH	SPANISH

OTHER
